Table 1. Burden of disease indice estimates for IHD, Stroke, Diabetes and Cancer (2004)

Disease	No (in of cases millions)	No. (in of deaths millions)	Days lost (in millions)
IHD	22.4	0.55	16.0
Stroke	0.93	0.64	**6.4**
Diabetes	37.8	0.1	2.3
Cancer	0.82	0.26	**5.9**

Table 2. Attributable risk for NCDs due to hypertension and tobacco use

IHD	16.0	14.8
Cataract	18.0	35.9
AMI*	24.0	48.0
Stroke	29.0	22.1

* Acute Myocardial Infraction

(c) The findings of the study have shown that it is imperative to improve the existing system of data collection and analysis of major NCDs. In this direction the ICMR had undertaken NCD surveillance in six centres to establish risk factor surveillance mechanism in the country through sentinel centres. Regional workshops for NCD prevention and control have been held at five centres to create an awareness of growing NCDs and develop strategic policies to reduce the burden. A multicentric Task Force project for developing improved mechanism for mortality data collection was also undertaken by the Council during 2003-05.

Negotiations with World Bank for funding of RCH-I Project

2359. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state.

(a) whether the Reproductive and Child Health-I Project which is an

important component of the National Rural Health Mission, has been submitted to the World Bank for approval;

(b) if so, the details of the proposal and the decisions taken by the World Bank in this regard;

(c) whether any negotiations with the World Bank have been held in connection with the funding to the said project;

(d) if so, the details thereof;

(e) whether RCH-I has since been closed on 30th September, 2004; and

(f) if so, what alternative arrangements Government have made since September, 2004 to run this programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Support of the World Bank has been sought for the Reproductive and Child Health phase two Programme (RCH-II)

(b) The Government of India (GOI) and the Pooling Partners including the World Bank have agreed to a common design of the Programme with the following salient features:

(1) Adoption of a sector wide approach so as to encompass within RCH-II all the related reproductive, child and maternal health initiatives of the Govemment of lndia;

(2) Decentralization of the programme design to enable each State and in due course each District to formulate its own need based Programme Implementation Plans (PIPs) following agreed parameters;

(3) Flexible programming wherein each state is provided with an annual financial envelope to formulate and implement it's PIP;

(4) Capacity building to strengthen the programme management capabilities at the State and District levels including establishment of programme Management Units to facilitate decentralization and need based planning;

(5) Results Based Management with a focus on agreed outcome

documented in individual MoU's between the GoI and the State/ UTs and a Pro-poor focus with a view to providing special attention to the primary health care needs of the vulnerable groups, particularly the SC/ST population;

(6) Monitoring and Evaluation through a regular reporting system, external evaluation and community based monitoring systems;

(7) Pool financing by Development Partners including the World Bank by contributing to the Programme Budget of the GoI instead of maintaining separate project budget and systems.

(c) and (d) Yes Sir, the Government of India and the World bank, DFID and UNFPA undertook negotiations on the project from 12-15 July, 2006 to finalise the programme design and funding support.

(e) and (f) The World Bank support to the first phase of the Reproductive and Child Health Project (RCH-I) ended on 30th September, 2004. However, from October 2004 until end of the project *i.e.* 31st March, 2005, the project continued with the help of domestic budgetary support. Thereafter since April 2005 the second phase of the Programme *i.e.* RCH-II has also similarly been continuing with domestic budgetary support pending finalization of World Bank funding.

Anomaly in admissions at AIIMS

2360. SHRI PRAVEEN RASHTRAPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many institutions of the level of AIIMS are there outside Delhi;

(b) whether it is a fact that the AIIMS had given admission with less merit to home-station students as against higher merit of out-station students; and

(c) if so how such an anomaly is being allowed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The